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## Colic - How Do I Know?

Colic is a term that is used to describe a healthy baby whose growth and development is normal and who does not have a feeding problem or other medical illness. No one really knows what causes colic. We do know that it resolves completely without any effect on your baby.

Colic may be due to the immature development of your baby's nervous system or may be related to varying degrees of fatigue in your baby. Colic occurs in many babies, however some babies display more symptoms. It is not related to feeding habits. Breast-fed babies have as much a problem with colic as babies fed commercially prepared formulas (Similac or Isomil). Changing the formula may improve your baby's colic, but this is usually only temporary. Colic usually begins in the second week of life and improves by 3-6 months. Colic causes no permanent damage to your baby, despite the persistent crying spells.

It is difficult to express how frustrating it can be living with a colicky baby. Parents may call our office several times asking what is wrong with their screaming baby. It may be necessary to examine your baby several times to rule out other causes for your baby's crying.

Remember, colic is a very common problem in healthy, growing babies. It is not the result of anything you did or are doing, and there is no way to eliminate it. Your baby will continue to grow and develop normally until the colic goes away.

Colic seems to get worse as the day progresses. Your baby may cry for hours, for no apparent reason. Usually they stiffen up their legs, pulling them up to their belly as if they are uncomfortable. They may pass gas. Colic may occur after meals compared to the hungry baby who cries before being fed. Most colicky babies are good feeders with normal monthly weight gains. However, during a colic fit, they may refuse to eat or nurse until they calm down. Do not take this as a rejection.

This is a difficult time for you and your baby. It is important to provide comfort during these uncomfortable times. In my experience, babies that are comforted when in pain, develop into happier babies. They tend to cry less when they are not uncomfortable and they learn to trust those who bring comfort to them when they really need it. When this problem is resolved, you will have a loving baby.

### **What can you do in the meantime?**

Many babies respond well by being held, rocked, or laid across your legs and patted on the back. Other babies like to be laid over your shoulder and carried around the room. Picking up your baby when screaming will not spoil him/her. Some babies will calm down when they are wrapped up in a light blanket.

Movement usually relaxes a colicky baby. Place your baby in a comfortable position in an automatic swing or cradle. Falling asleep in the swing is safe for your baby. Never leave your baby alone while in the swing.

Pacifiers can be a big help to your colicky baby. Do not use a pacifier as a substitution for addressing the needs of your baby (hunger, dirty diaper, need to be held, etc.). Use a pacifier when all else fails.

Some babies like to be rocked back and forth in a stroller or carriage in your living room. Do not wake your baby up if he/she falls asleep. If all else fails, a ride in the car (in a car seat) may calm your baby. Many babies fall asleep once the car begins to move.

When all else fails, there are several medicines that can be used to help take the edge off. None of these are going to cure the colic -- some babies get a little relief. One medicine that you can purchase over the counter is simethicone (Mylicon). Simethicone works by breaking up gas pockets in your baby's intestinal system. The dose is a maximum of 0.6 cc (use dropper that comes with bottle) given by mouth every 4 hours (before feedings) with a maximum of 4 times/24 hours.

For breast feeding mothers, you may want to try eliminating milk, wheat, chocolate, and vegetables from your diet. Anything that makes you gassy, can also make your baby gassy. It takes approximately 6-8 hours for food you eat to become incorporated into your breast milk. This means that what you eat at lunch will not effect your baby until dinner.

Formula fed babies may improve with a formula change. If your baby is drinking a milk-based formula (Similac or Enfamil), you can offer a soy-base formula (Isomil or Prosobee). If there is going to be an improvement, it will occur in 2-3 days. If there is no improvement, next try Alimentum or Nutramigen. These formulas are more easily digested and will provide some relief for your baby. Your baby can continue using these formulas until the colic has resolved. They provide all the same nutrition as the other formulas. The only draw back is they are 2-3 times more expensive (see formula page).

## **How Do I Make It Through This Difficult Time?**

Now that we have solved your baby's problem for a couple of hours, what about you as parents. How can you learn to deal with this frustrating and nerve-wracking problem?

It is important for both parents to get some time away from their baby in order to be alone with each other. Find someone you can trust (in-laws, close friends, reliable babysitter) to take care of your baby for a few hours. Never feel guilty about leaving your baby with someone else! You are doing your baby a favor by getting away and clearing your head. It is important to learn what it means to miss your baby. You will look forward to coming home and being with your baby. This is the most important time for parents to stick together and support one another.

Remember, there is no cure for colic. Do whatever seems to work for you and your baby, even if other people tell you it is wrong. If moving feeding times closer together helps, then do it. If holding your baby for longer periods of time than usual seems to help, then do it. Nothing you do at this stage of your baby's life will spoil your baby.

Reassurance is the best help for parents. That is where we can help you. Please call our office so we can help you through this difficult time.

This information should not be used as substitute for the medical care and advice of your child's physician. Health related topics found on the Andorra Pediatrics web site should not be used for diagnosing purposes or be substituted for medical

advice. As with any new or ongoing treatment, always consult your professional healthcare provider before making any changes in treatment or beginning any new treatment. If you have any questions or concerns, please call our office.